

SENDER: COMPLETE

CERTIFIED MAIL™

DELIVERY

PLAQUE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTE LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth L. Lawson
 # 04770-061
 FCI Morgantown
 P.O. Box 1000
 Morgantown, WV 26507

1107-mc-21-MHW DN 16

2. Article Number

(Transfer from service label)

7002 3150 0000 8388 8887

X *NBennell*
 Agent
 Addressee

B. Received by (Printed Name)

NBennell

C. Date of Delivery

6-4-10

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540